



Signs of Safety Research Summary of Family Outcomes and Parent Perceptions¹

Overview

This research brief highlights data from studies of Signs of Safety that measure child and family outcomes, as well as parent perceptions of the practice. Note that this review does not include studies of fidelity to the model, organizational culture change, program quality, other systems reform indicators, and worker perceptions. Fortunately, other documents have highlighted the impact of implementing Signs of Safety in these areas, as well as how to measure these key aspects.²

Methodological details for some of the studies are highlighted in reference notes, but the table includes the author(s), year published, geographic location of the project, main outcome findings, research design, and the sample size of each group.

Analysis

There is a beginning set of studies that document the outcomes of Signs of Safety in terms of CPS re-referral rates, out-of-home care placements, safety plans, use of safety networks, and parent perceptions of the model. Overall, most evaluation studies of Signs of Safety have used research designs with a pre and post assessment with no comparison group, or a longitudinal data analysis with no comparison group. More studies are needed that use rigorous research designs with comparison groups, or longitudinal designs with statistical and other controls. (Examples of these include Baginsky et al., 2017a,b; Holmgård Sørensen, 2009; and Lwin et al., 2014). Evaluating this model is complex and challenging because Signs of Safety should be implemented as part of a “whole system” process where leadership, organizational culture, community partnerships, management information systems, and other technology are coordinated as part of this approach to helping child protection agencies put children and families at the center of the work.³

¹ Presentation for New York State, September 8, 2020. Revised, October 26, 2020. Compiled by Peter J. Pecora, Ph.D., Managing Director of Research Services, Casey Family Programs and Professor, University of Washington. Special thanks to Mike Caslor, Eileen Munro Terry Murphy, Andrew Turnell, and Joke Wiggerink for proving advice and information about Signs of Safety Research. For more information about Signs of Safety see Elia.ngo

² See for example:

- Bunn, A. (2013). *Signs of Safety in England: An NSPCC Commissioned Report on the Signs of Safety Model in Child Protection*. London: NSPCC.
- Munro, Turnell and Murphy Child Protection Consultancy. (2019). *Signs of Safety Quality Assurance System* (Version 2.1 - April 2019). Alia. See <https://knowledgebank.signsofsafety.net/>
- Sheehan, L., O'Donnell, C., Brand, S.L., Forrester, D., Addis, S., El-Banna, A., Kemp, A., & Nurmatov, U. (2018). *Signs of Safety: Findings from a mixed-methods systematic review focussed on reducing the need for children to be in care*. London: What Works Centre for Children's Social Care.
- Turnell, A. (2014). *The signs of safety: A comprehensive briefing paper*. (Third edition) Retrieved from <https://www.cornwall.gov.uk/media/12225430/Comprehensive-Briefing-Paper-3rd-edition.pdf>

³ For discussions about a comprehensive approach to implementing the Signs of Safety approach:

- Elia materials at Elia.ngo
- Munro, E., Turnell, A., & Murphy, T. (2016). *'You can't grow roses in concrete' Action Research Final Report*. Perth: Resolutions Consultancy. Online <https://knowledgebank.signsofsafety.net/you-cant-grow-roses-in-concrete-part-1>

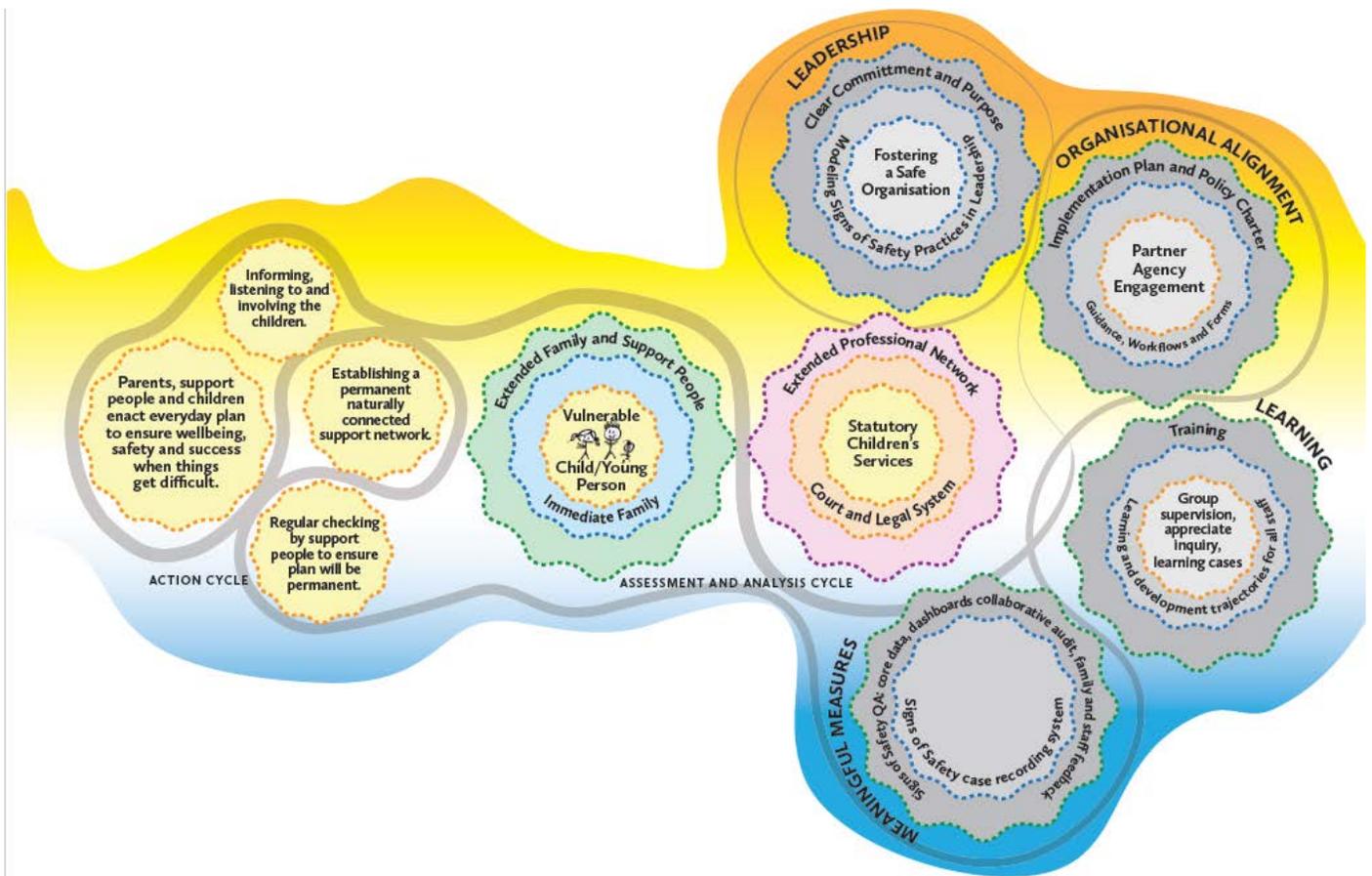
For example, as illustrated in Figure 1 and by this quotation, the Signs of Safety organizational theory of change illustrates the centrality of the practice approach as the foundation for organizational transformation:

Organizational change involves continuous cycles of learning and development. As alignments that enable the practice in day-to-day work are assessed against outcomes, learning and improvement become successively focused on, and congruent with, front line practice.

The Signs of Safety organizational theory of change and the implementation framework emphasize the continuing organizational action learning process of gathering information, setting strategies, taking action, learning from results, adjusting and starting again. The infinity loop also implies the agility and responsiveness required to lead and drive change in large organizations operating within larger human service and political systems. At every level, leaders are managing complex and contentious work. The organizational theory of change is illustrated as flowing directly from, and interlinked with, the practice theory of change (Munro, Turnell & Murphy, 2016, p. 16).

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- Munro, E., Turnell, A., Devine, M. & Cunliffe, J. (2020). *'You can't grow roses in concrete' Action Research Final Report*. Perth: Resolutions Consultancy. Online <https://knowledgebank.signsofsafety.net/you-cant-grow-roses-in-concrete-part-2>
 - Munro, Turnell and Murphy Child Protection Consultancy. (2019). *Signs of Safety Quality Assurance System* (Version 2.1 - April 2019). Alia. See <https://knowledgebank.signsofsafety.net/>
 - Murphy, T. (2017). *Signs of safety implementation: Comprehensive theory, framework and trajectory*. East Perth, WA: Resolutions Consultancy.

Figure 1. Signs of Safety Organizational Theory of Change



Source: Munro, E., Turnell, A., & Murphy, T. (2016). 'You can't grow roses in concrete' Action Research Final Report. (Part 1) Perth: Resolutions Consultancy, p. 17. Retrieved from <https://knowledgebank.signsofsafety.net/you-cant-grow-roses-in-concrete-part-1>

Many of the studies to date report primarily how many workers were trained, who was served, and what staff and parents thought about the approach. Many of the outcomes-focused studies do not use a comparison group, so we are not sure if families that were not served with the Signs of Safety approach would also achieve the same results. And most studies do not include an assessment of how completely the model has been implemented, including worker fidelity to the essential practice components. Greater investments in rigorous evaluation studies are needed, including measurement of practice fidelity – which should include an examination of the psychometric properties of any fidelity assessment measure.⁴ Fidelity to the model is important because studies of many other interventions have demonstrated that incomplete implementation or poor worker fidelity lessens model impact.

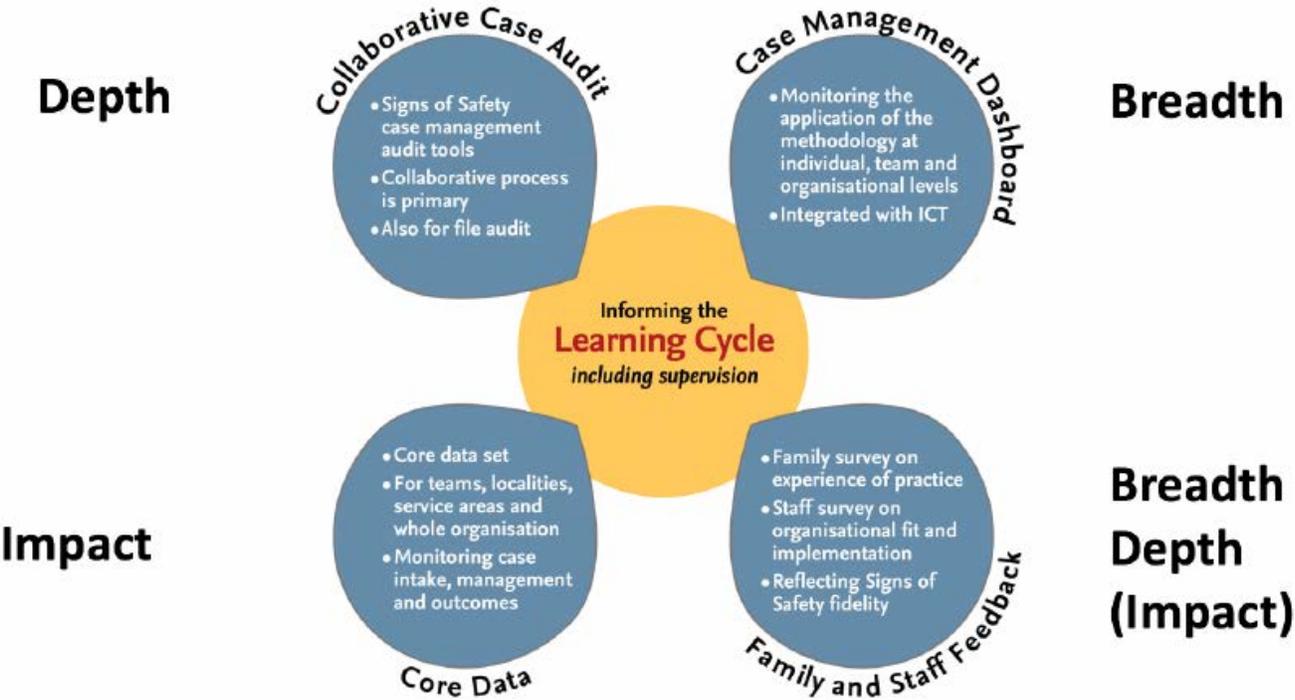
⁴Roberts, Y. H., Caslor, M., Turnell, A., Pecora, P. J., & Pearson, K. (2018). An international effort to develop a fidelity measure for the Signs of Safety® approach to safety and risk assessment in child protective services. *Research on Social Work Practice*, 28(1), 1-10. DOI: 10.1177/1049731518754724 Also see Roberts, Y.H., Caslor, M., Turnell, A., Pecora, P.J., Pearson, K., et al. (2016). *Signs of Safety® Supervisor Fidelity Assessment Tool: Field Test and Evaluation Report*. Seattle: Casey Family Programs, and Perth Australia: Resolutions Consultancy. Retrieved from <http://www.casey.org/signs-of-safety/>

Based on their experience across many countries and cultures, the Signs of Safety team recently produced a Quality Assurance System that addresses the following components (also see Figure 2):

- Collaborative case audit reflecting the Signs of Safety results logics and measuring the depth of practice
- Case management dashboards to monitor the application of Signs of Safety practice at individual case, team and organizational levels, measuring the breadth of the practice
- Parent surveys providing feedback on the practice, and staff surveys providing feedback on confidence with the practice and organizational enabling factors, reflecting elements of breadth, depth and impact of the practice
- Core data for monitoring case trends and outcomes with a small set of key indicators already collected, measuring impact⁵

The Signs of Safety Quality Assurance System was originally developed through the Signs of Safety England Innovations Project, waves one and two (in 2015 and 2018), undertaken collaboratively with the participating local authorities. It has subsequently been implemented in other countries.

Figure 2. Signs of Safety Quality Assurance System



Source: Munro, Turnell and Murphy Child Protection Consultancy. (2019). *Signs of Safety Quality Assurance System* (Version 2.1 - April 2019). Alia, p. 4.

⁵ Munro, Turnell and Murphy Child Protection Consultancy. (2019). p. 4

Conclusions

The field should enhance investments in *whole systems* reform efforts that use the Signs of Safety approach or other high quality risk and safety assessment models. As part of this approach we need to carefully measure the system changes, staff fidelity to the model, service quality, and the outcomes being achieved with evaluation designs that are appropriate for complex systems change.⁶

Table 1. Parent Perception and Case Outcome Data for Signs of Safety

| Author and Program Location | Findings | Research Methods (Sample Size) |
|--|---|--|
| <p>Australian Institute of Health and Welfare (2010, 2014): Western Australia</p> | <p>CPS referrals: The rate of increase in the Western Australian system was above the average in the four years to 2007, running at 13.5 percent (AIHW, 2010, p. 18). With the implementation of the Signs of Safety, that rate has been cut to an average of 5 percent between the years 2009 to 2013 (just a little above the population growth rate of 4.4 percent) (AIHW, 2010, p. 15; AIHW, 2014, p. 19).</p> <p>CPS re-referrals: During 2009-13, re-referral rates declined slightly from 6.9 to 6.5 percent, suggesting the more collaborative approach to families has not increased the risk to vulnerable children.</p> <p>Petitions for child protection and out of home care: The percentage of protection and care applications taken out has increased by only 16 percent during 2009-2013, while child protection notifications themselves doubled (AIHW, 2010, pp. 33 and 40; AIHW, 2014, pp. 39 and 52).</p> <p>Referral to intensive family support: The percentage of child protection assessments referred to intensive family support has nearly tripled, increasing from 1,411 in 2009 to 4,558 in 2013.</p> | <p>Longitudinal data analysis with no comparison group</p> |
| <p>Baginsky et al. (2017a,b): 10 program authorities in England</p> | <p>CPS re-referrals/repeat child maltreatment (via case record review): Pilots had a significantly lower rate of children becoming the subject of a child protection per 10,000 children (29) than their Statistical Nearest Neighbours (SNNs, N= 41) in 2015/16. (Slide 12)</p> <p>Parent attitudes and outcomes:</p> <ul style="list-style-type: none"> • Proportions of parents 'strongly agreeing' and 'agreeing' with the statements about shared understanding of goals with their social workers were consistently | <p>Longitudinal data analysis with a comparison group. Data across three annual national collection periods, comparing 10 pilot areas with</p> |

⁶ For more information about complex systems and “realist” evaluation designs, see:

- Caffrey, L. & Munro, E. (2017). [A systems approach to policy evaluation](#). *Evaluation*, 23(4), 463-478.
- Hargreaves, M. (2014). *Rapid Evaluation Approaches for Complex Initiatives*. Report prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Cambridge, MA: Mathematica Policy Research. Retrieved from <https://aspe.hhs.gov/report/rapid-evaluation-approaches-complex-initiatives/iii-rapid-evaluationcomparative-framework>
- Kania J. & M. Kramer. (2013). Embracing Emergence: How Collective Impact Addresses Complexity. *Stanford Social Innovation Review*, January 21, 2013, pp. 1-8. Retrieved from http://ssir.org/articles/entry/embracing_emergence_how_collective_impact_addresses_complexity

| Author and Program Location | Findings | Research Methods (Sample Size) |
|---|--|---|
| | <p>higher in the authorities with more experience of Signs of Safety and increased overall as the evaluation proceeded.</p> <ul style="list-style-type: none"> • Most parents felt that the social worker had focused on their strengths. (Slide 10) • When interviewed at Time 2, a higher proportion of families in the authorities that had used Signs of Safety the longest said their goals had been achieved. <p>Service trends: Service trends show that implementing authorities, when compared to their “statistically nearest neighbor authority who was not implementing Signs of Safety” had significantly:</p> <ul style="list-style-type: none"> • Lower rates of assessment per 10,000 (p=0.011), suggesting the work is being completed during their initial involvement with families, without needing an ongoing assessment. (Slide 12) • Safety assessments were completed more quickly by the pilot sites (p=0.005), suggesting the work is being completed more efficiently. (Slide 12) • Lower rates of children on court ordered child protection plans per 10,000 (p=0.012), suggesting work is able to be accomplished through engagement and collaborative relationships with parents and extended family. (Slide 12) <p>Workforce attitudes: Most staff and managers were positive about the benefits of Signs of Safety as a practice framework (Slide 8)</p> | <p>statistically matched neighbor program authorities not using SofS – case record review, focus groups and interviews. (N= social worker interviews: 165; adults in the families: 188-273; children: 61-111)⁷</p> |
| <p>Baginsky et al. (2020): Follow-up study of 10 program authorities in England</p> | <p>Parental perceptions of their contact with children’s services: There was a statistically significant association between families who had a positive perception of the impact of contact with their social worker and those who felt they had achieved more than expected against their T1 goal. (p. 160)</p> <p>Parental perceptions of attainment of goals: Where SofS has been successfully implemented within local authorities, families were more likely to report positively against self-defined goals. (p. 161)</p> | <p>Longitudinal data analysis with no comparison group. Case record data and interviews with social workers (N - social workers: 165; adults in the families: 188-273; children: 61-111)</p> |
| <p>Brent, England (as cited in Bunn, 2013)</p> | <p>Parent perceptions of the model: Initial evaluation of service user’s experiences of case conferences where Signs of Safety was used. Participants were asked if they preferred this new approach or a traditional conference. Nearly 3 out 4 parents (72%) preferred this new approach, with 24% preferring a traditional approach, and 4% not sure. (As cited in Bunn, 2013, p. 46)</p> | <p>Post-test parent interviews with no comparison group</p> |
| <p>City and County of Swansea,</p> | <p>CPS re-referral rates: As of February 2014, re-referral rates were 21%, compared to nearly 30% in 2013. (p. 26)</p> | <p>Longitudinal data tracking with no</p> |

⁷ In total, 270 families were interviewed in the course of the study and 187 were interviewed twice, at Time 1 (T1) and Time 2 (T2), which were usually 6 months apart. These interviews involved 273 adults and 111 children in 270 families.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|---|--|--|
| (2014): Swansea, Wales | <p>Assessment completion processing time: Achieved some of the best ever results achieved by frontline and specialist teams in completing initial (90%) and core assessments (75%) in timescale. (p. 26)</p> <p>Out of home care placements: From April to December 2013, there were 122 children becoming looked after -- a significant reduction from the 164 children taken into care in 2012. As of 2014, the rate of entry to the care system is 39.25 (last year 47.21). In 2014 they had 537 children in placement, which is the lowest number since September 2011. (p. 26)</p> | comparison group (N varies) |
| Dubov et al. (2015): Canada | <p>Parent satisfaction: Clients who had recent child welfare involvement with a worker proficient in the use of Signs of Safety were interviewed using the <i>Parent Feedback Checklist</i> (n=9).⁸ The majority of clients were highly satisfied with their workers' approach (e.g. humility, honesty, reliability) and skill (e.g. engagement with children; conducting a balanced assessment). Six clients were asked to compare this most recent worker to previous child welfare workers they had; half indicated that their most recent worker had superior skills to previous workers while the other half indicated that their most recent worker's high level of skill and support was comparable to previous workers. (p. 1)</p> | Post-test parent interviews with no comparison group |
| Griffiths & Roe (2006): West Berkshire, England | <p>Duration of services: The amount of time children spend on child protection plans has decreased as a result of the introduction of the model. (As cited in Bunn, 2013 p. 46.)</p> | Longitudinal data analysis with no comparison group (Unknown sample size) |
| Hayes et al. (2013): Belfast, Ireland | <p>Parent perceptions:</p> <ul style="list-style-type: none"> ▪ Parents reported that staff found ways to respect and value parents' efforts on behalf of their children whilst openly addressing concerns that existed about their children's safety and wellbeing. (This was contrasted with previous practice.) (p. 23) ▪ The majority of the parents/carers interviewed (n=17) stated that they had a 'very good' relationship with their social worker with 3 stating that they had a 'good' relationship and 2 stating that it was just 'ok'. (p. 58) ▪ All of the parents/carers also reported that their social worker knew them, their family and their circumstances either 'very well' (n=17) or 'quite well' (n=5). (p. 58) ▪ Parents discussed a number of skills, qualities and abilities that their social workers possessed that had enabled them to develop their relationship with frequent mention of the social worker spending time to get to know them, listening, being respectful, honest, non-judgmental and supportive and encouraging. (p. 58) | Case file review (N=18); Focus Groups (N= 99); Case studies (N=19 open cases); Interviews (N= 64) ⁹ |

⁸ The parent feedback checklist for assessing fidelity to the Signs of Safety model used in this study was developed by this project: Roberts, Y. H., Caslor, M., Turnell, A., Pecora, P. J., & Pearson, K. (2018). An international effort to develop a fidelity measure for the Signs of Safety® approach to safety and risk assessment in child protective services. *Research on Social Work Practice*. 28(1), 1-10. DOI: 10.1177/1049731518754724

⁹A total of 64 discrete semi-structured interviews were conducted with 22 parents/carers, 16 social workers, 13 social work managers and 11 professionals from other agencies and disciplines. Interviews were also undertaken with 5 children/young people.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|--|---|---|
| | <ul style="list-style-type: none"> Most of the parents/carers reported a number of benefits that their involvement in mapping and safety planning had in terms of their working relationship with Social Services. (p. 58) | |
| Holmgård Sørensen (2009): Copenhagen, Denmark (also see Turnell, 2012) | <p>Cost per family served: The cost per family served was less with the Signs of Safety group (pp. 21-22).</p> <p>Out-of-home care placement: Between 2005 and 2008 the Danish Borough of Copenhagen undertook a three-year 'Families in the Centre' project to equip the city's child protection workers with a higher levels of skills to better engage families. As part of the study, a cohort of 139 families who received intensive services from project participants were compared to a control group. The Families in the Centre cohort had a lower proportion of children taken into care (15% vs 42%).</p> | Comparison group study (N treatment: 139, control group: 29) |
| Holmgård Sørensen (2013): Copenhagen, Denmark | <p>Out of home care placement: During 2012 a total of 43 safety plans were developed and implemented. In 2/3 of the concluded cases, the child was able to remain at home due to intensive efforts by officials, intensive intervention with the family at risk, and active inclusion of the safety network. (p.8)</p> | Post-test only with comparison group. (N= treatment families = 143, vs control: 29) ¹⁰ |
| Lohrbach & Sawyer (2004): Olmsted County, Minnesota | <p>Faster completion of case plans ("settlement") with the family using a Family Case Planning Conference with the Signs of Safety approach: In two years, 45 P3 case planning conferences have resulted in a 100% settlement rate prior to the return to court.¹¹ (pp. 30-31)</p> <p>Minimal family court involvement in the case: These are high-risk child protection cases, yet less than 10% of the family cases have resulted in a formal trial for permanency, and only 2% (1 family) experienced an actual extended court process. More than 90% of families have achieved final court resolution regarding permanency for the children without a contested trial. (p. 31)</p> <p>Maintaining the child with family: An estimated 22% of the children safely resided with relatives, and 43% of the children were with their parents at case closure. (p. 32)</p> | Longitudinal data analysis with no comparison group (N= 45 families) |
| Lwin et al. (2014): Ontario, Canada | <p>This study focused on the case mapping aspects of the Signs of Safety model.</p> <p>Case re-opening/enduring case closure: Of those families closed at investigation as a part of the control group, 94% remain closed 12 months later after receiving a Signs of Safety informed investigation. (pp. 81, 89)</p> | Comparison group study. Families seen with SofS were matched with a randomly selected group of |

¹⁰Family focus group: n=143 families, 34 children at 3-10 years, vs a comparison group (n=29 families). As cited in Sheehan et al (2018), p. 86.

¹¹ The Parallel Protection Process (P3) is an alternative justice intervention that uses a family case planning conference (FCPC) as the forum to achieve a settlement agreement in the initial child protection matter before the court. Settlement means the parents are in agreement with the petition to be presented to the court that lays out the reasons for court involvement to ensure the safety of children. A surprising 91% (41) of settlement agreements were obtained at the close of the FCPC. In all cases, the FCPC also led to the identification of immediate next steps, allowing the family and social worker to enter a case planning process to determine both formal and practical interventions to address the needs of the family and the risk context identified in the FCPC." (Lohrbach & Sawyer, 2004, pp. 30-31)

| Author and Program Location | Findings | Research Methods (Sample Size) |
|------------------------------|---|---|
| | <p>CPS re-referral: the majority (94%) of cases brought to a mapping conference and closed after the investigation remained closed for at least one year from the mapping conference date. (p. 89)</p> <p>Initial CPS substantiations: For families with at least four previous investigations, the treatment group where case mapping occurred had significantly more substantiated allegations than the control group. (p. 89)</p> <p>Transfers to ongoing child welfare service: cases that were mapped were more likely to be transferred to ongoing services than cases that were not mapped. Nearly half (56%, n = 48) of the mapped cases were transferred to ongoing service, while 21% (n = 13) of the non-mapped cases were sent to ongoing service. (p. 89)</p> | families. (N= 141: T: 86, C: 60) ¹² |
| Munro et al. (2016): England | <p>Parent perceptions of workers and services:</p> <ul style="list-style-type: none"> ▪ The July 2015 surveys with parents -- combining the top two possible responses of 'agree' and 'strongly agree'-- indicates that the majority reported <i>an overall positive experience with their social worker</i>, with positive views on one statement being highly correlated with positive views on others. (p. 46) ▪ For one authority, it was possible to compare the results of the two surveys administered a year apart (2015 and 2016) and there was some evidence of progress being made in <i>working better with parents</i>. In the second survey, there were statistically significant improvements in the number of parents rating their worker highly on 'My worker does what they say they will do' and 'I have felt involved in making plans about what to do'. There was also emergent significance for 'My worker has spent time with my child(ren) and has listened to what they say about the problems and what should happen'. (p. 46) | Ten authorities, parent surveys with no comparison group (n=238) |
| Munro et al. (2020): England | <p>Note: While statistical analyses need to be conducted, there was a consistent pattern of positive effects for the outcomes listed below.</p> <p>CPS investigations: The patterns are inconclusive but generally cluster near the national average with no major change for all but one of the agencies. (p. 80)</p> <p>CPS investigations ("Section 47's") that progressed to a child protection plan: The ten authorities trended lower than the national average with no major change for all but one of the agencies. (p. 80)</p> <p>CPS re-referrals: A rise in re-referrals may indicate that cases are being closed without the child's safety being adequately protected. The patterns are inconclusive but generally cluster near the national average with no major increase for nearly all the agencies. (p. 79)</p> | Ten authorities, longitudinal data analysis of three sub-groups of authorities, with no comparison group. (Sample size varies with the type of data.) |

¹² Note this is *not* a RCT study as the treatment group participants were not randomly selected but they were matched on various characteristics. Quantitative measures collected case data from mapping conferences (treatment group) and they were compared with case data from randomly selected investigation files that did not have a mapping conference but did have a history with the child welfare agency (control group). Qualitative data were collected during focus groups with child welfare investigative workers and supervisors. In a systematic review of Signs of Safety, Sheehan et al. (2018, p. 52) noted that the characteristics of the intervention and comparison groups were very different and the authors of the study acknowledged that the variance may have been due to factors unrelated to the SoS informed safety mapping conference

| Author and Program Location | Findings | Research Methods (Sample Size) |
|--|--|--|
| | <p>Out of home care placement:¹³ The number of care order applications is below average for 8 of the 10 authorities. (p. 81)</p> <p>Safety climate: extent to which staff perceive a genuine and proactive commitment to safety in their organization and, similar to the team climate dimension, is looking for evidence of good ability to ask for help and discuss poor practice. Two of the groups of authorities improved their ratings between Surveys 3 and 4, while group 3 worsened. (p. 70)</p> <p>Job satisfaction: Group 1 starts relatively high and makes progress, Group 2 also progresses from a lower starting point, and Group 3 gets worse. (p. 72)</p> <p>Worker turnover rates: Turnover rates decreased for many but not all of the ten agencies. (p. 77)</p> | |
| <p>Nelson-Dusek et al. (2015, 2017): Minnesota Counties</p> | <p>CPS re-referrals: Assessed the value of Signs of Safety child and family safety networks. While no tests of significance were performed, the researchers found that the parents who had a Signs of Safety network were less likely to have a CPS re-report at 6 months (0% vs. 9.5%) and 12 months (12.5% vs 16.1%) than the comparison group.</p> | <p>Comparison group study, with a non-randomly selected comparison group of all families served in CPS in MN (N=24 families)</p> |
| <p>Reekers et al. (2018): Amsterdam</p> | <p>CPS re-referrals: Three months after a care plan had been made, SofS did not outperform regular care in reducing the risk of child maltreatment. (p. 177)</p> <p>Parent empowerment: Differences in overall parental empowerment between the two groups was at a trend level, but it was associated with a reduction in the risk of child maltreatment in terms of CPS re-referrals.(p. 177)</p> <p>Parent perceptions of services: A cooperative partnership between social workers and parents was considered to be a prerequisite to establishing parental empowerment, and that the emphasis on parental empowerment contributed positively to a cooperative partnership between workers trained in Signs of Safety and parents. (p. 177)</p> | <p>Comparison group study. (N=20 in each group)¹⁴</p> |
| <p>Reeves (2018): 7 regions in Calgary, Alberta Canada</p> | <p>CPS referrals accepted and investigated: Accepted CPS investigations decreased from 449 to 321 – which may signal that when the Signs of Safety assessment approach is applied at the CPS hotline, fewer families are found to be in need of a CPS investigation. (p. 17)</p> <p>Court appearances: Number of court appearances decreased from 2815 to 1415, suggesting work is able to be accomplished through engagement and collaboratively. (p. 33)</p> | <p>Longitudinal data analysis from 2013 to 2018 with no comparison group (initial sample size varies by outcome,</p> |

¹³ “There is a persistent myth that in Signs of Safety practice ‘you don’t remove children’. This is nonsense. But, as the law requires and as other practice approaches also strive, in Signs of Safety practice the first goal is to achieve enough safety for the child for removal into care to be avoided. When this cannot be done, then the first choice would be to find kinship care but, if necessary, stranger care will be sought” (Munro, Turnell, Devine & Cunliffe, 2020, p. 81).

¹⁴ Qualitative data were collected through semi-structured interviews with seven Signs of Safety workers. Quantitative questionnaire data from parents and social workers of 20 families receiving Signs of Safety and 20 families receiving care as usual were compared. Families were matched using propensity score matching.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|--|--|--|
| | <p>Court-ordered treatment (“supervision orders”): Number of families with court orders to work with Children Services declined from 506 to 109, suggesting work is able to be accomplished through engagement and collaboratively. (p. 33)</p> <p>Group care: Number of children placed in group homes and residential treatment centers declined from 199 to 129, suggesting more children are able to be kept safe in a home-based setting. (p. 18)</p> <p>Kinship care placements: Number of children placed with extended family (Kinship Care) increased from 348 to 413. (p. 32)</p> <p>Long-term foster care (APPLA): Number of children in the permanent care of the Province (until they are 18 years old) declined from 1,162 to 892, suggesting family and kin solutions have been more often found for the long-term safety and wellbeing of the child. (p. 30)</p> <p>Out of home care placement: Number of children in care (all placement types) declined from 1972 to 1409, suggesting more children are being kept safe in their families in a family preservation context. (p. 19) And in terms of foster family homes, children in foster care placement declined from 1,115 to 693. (p. 25)</p> <p>CPS re-referrals/repeat child maltreatment: CPS re-referral rates for Calgary remained constant at 10% which is equivalent to the rest of Alberta (with the exception of an increase in 2017-2018), suggesting that year over year children are not experiencing more maltreatment, even with all the other practice and outcome changes. (p. 34)</p> <p>Temporary out of home care (“guardianship orders”): Number of children in the temporary care of the Province declined from 810 to 517, suggesting that changing the living arrangements for the children’s safety can be more often mutually agreed to with parents. (p. 33)</p> | ranging from 199 to 2,815) |
| Rodger et al. (2017): North East Lincolnshire, England | Quality of practice: significant improvement in the quality of danger statements, “bottom line” safety summaries, and safety goals, particularly for those staff who attended the five-day Signs of Safety training. (p. 25) | Mixed methods study with small pre and post implementation focus groups on Signs of Safety ¹⁵ (N unknown) |

¹⁵Note that Signs of Safety was one of four major parts of the North East Lincolnshire’s Framework for Practice: (1) **Outcome Based Accountability (OBA)**: a powerful thinking process, which focuses a whole organization on outcomes, rather than the process; (2) **Restorative Practice (RP)**: an approach which aims to resolve conflicts at the earliest stage, by encouraging both high challenge and high support for all parties; (3) **Signs of Safety (SoS)**: which enabled **1,339** practitioners across different disciplines to work collaboratively and in partnership with families and children, using the same language and methods; and (4) **Family Group Conferencing (FGC)**: which provides mediated support for the whole family, resulting in an agreed family support plan, which sets out the best route forward for the family to take care of their child (Rodger et al., 2017), p. 5.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|---|--|---|
| <p>Rothe et al. (2013): Carver and Olmsted counties, Minnesota</p> | <p>Case management cases re-opened for services within 6 months: No overall effect for either county could be reliability determined.¹⁶ (p. 24)</p> <p>Children in Need of Placement (CHIPS) petitions filed: Some decline in both counties with some upward spikes.¹⁷ (p. 22)</p> <p>CPS re-referrals within 6 months: Positive trend in both counties with some inconsistencies.¹⁸ (p. 23)</p> <p>Placement re-entries within 6 months: Overall reduction in both counties.¹⁹ (p.21)</p> <p>Out-of-home care placement within 45 days of a report: Overall reduction in both counties.²⁰ (p. 20)</p> | <p>Longitudinal analysis of administrative data²¹ (N varied by analysis; see reference notes.)</p> |

¹⁶“This represents very few cases in general in Carver County (no more than four in any given year) and since the implementation of Signs of Safety in 2005, the number of re-opened cases has varied from 0 to 2. In Olmsted County, the number of re-opened cases did generally decline over time (with the exception of a peak in 2004), but appears to be slightly rising in recent years. The data are not depicted here, but statewide, the proportion of cases that re-opened within 6 months of case closure remained fairly flat.” (Rothe et al., 2013), p. 24.

¹⁷“One of the goals of Signs of Safety is to communicate with families in an honest and straightforward way -- building their trust and helping them understand what they need to do in order to close their child protection case. In theory, this upfront work to build a relationship and clarify expectations should eliminate the need to mandate their participation in the process through a court order. Thus, the number of CHIPS petitions filed is expected to go down after Signs of Safety implementation. Percentages are not available for these data and cannot be reliably calculated. However, the actual number of CHIPS petitions filed in each county does show some potential changes over time. In Carver County, the number of CHIPS petitions filed dropped from 77 in 2005 to 45 in 2006, and has continued to trend downward with the exception of one peak in 2010. In Olmsted, CHIPS petitions declined to 33 in 2008, but have since gone up again, reaching 84 in 2010 and 79 in 2011. It is thought that the increase of CHIPS petitions in Olmsted is related to increased oversight and review of safety planning by stakeholders, and some confusion among staff about what elevated a case to a CHIPS petition.” (Rothe et al., 2013), p. 22.

¹⁸ “Since their Signs of Safety implementation in 2005, Carver County has maintained a re-report rate consistently below the statewide average. However, the rate itself does not show any particular pattern. In contrast, Olmsted shows a fairly steady decrease over time in the percent of cases that are re-reported for maltreatment within 6 months of case closure. In 2007, Olmsted’s rate fell below the statewide average, and has remained below since that time. Neither county’s rate indicates a pattern consistent with their implementation of Signs of Safety, but results still show that both counties are showing positive outcomes in this area.” (Rothe et al., 2013), p. 23.

¹⁹ “Despite a spike in 2008 for Carver County, both counties show a decline in the number of children re-entering placement overtime. The Carver County Director believes that the spike in placements was due, in part, to the fact that some safety plans were not rigorous enough, and because staff were in the middle of their learning journey. In addition, neither Carver nor Olmsted had any children re-enter placement within 6 months in 2009 or 2010. Olmsted also had no children re-enter placement in 2011. These results are encouraging, and suggest that changes in county practices, including the adoption of Signs of Safety methods, could be resulting in more stable family reunifications because of more effective safety plans. It should be noted that the statewide percentages have also been steadily declining, from 15.5% in 2002 to 7.5% in 2011.” (Rothe et al., 2013), p. 21.

²⁰“Olmsted County has consistently remained below the statewide average since 2002, although the county saw its lowest rates in 2008 and 2009 (1% of children entering placement). This could indicate that Olmsted’s practice model, in part influenced by Signs of Safety, is resulting in fewer out-of-home placements for children. Since implementation of Signs of Safety in 2005, Carver County experienced a slight increase in the percentage of children entering placement in 2006 (17%) but that number has since declined, remaining below the statewide average since 2007. The increase in 2006 could be indicative of workers adapting to a new model. Results since that time period are encouraging for Carver, suggesting that Signs of Safety may be resulting in fewer out of home placements for new cases” (Rothe et al., 2013), p. 20.

²¹“In some cases, the Ns for several indicators are too small to present as percentages. For these indicators, the County Ns are plotted instead and statewide data are excluded, as statewide numbers would dwarf county numbers and result in flat trend lines for the Counties” (Rothe et al., 2013), p. 19.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|---|---|---|
| Skrypek et al. (2013): Carver, Hennepin, Olmsted, Scott, St. Louis, and Yellow Medicine Counties, Minnesota | <p>Parent perceptions of services: (selected findings from page 1 of report)</p> <ul style="list-style-type: none"> ▪ Overall, the findings suggest that not only are parents who received child welfare services from the five participating Minnesota counties able to recount their child welfare experiences in ways that reflect the Signs of Safety framework, but many parents generally describe these experiences positively. ▪ Two-thirds of respondents (N=16) reported that their social worker took time to get to know them and their situation. Parents frequently remarked that their worker made them feel like an individual, not just a number or a case. ▪ Almost all parents interviewed (96%, N=23) recalled that they had participated in the process of safety planning. ▪ All parents who were asked (23 of 23) said that their worker had helped them identify a “safety network” of people, including family members, friends and other professionals, who could serve as a resource for the family in times of crisis. | Parent interviews with no comparison group (N=24) |
| Turnell (2012): Olmsted County, Minnesota | <p>CPS investigations that required a family to be part of a court hearing: Over time, Olmsted County Child and Family Services (OCCFS) halved the number of families taken before the child welfare court system. (p. 15)</p> <p>CPS re-referrals: The recurrence rate in Olmsted County in 2006, 2007, and 2008 was less than 2% -- as measured via state and federal audits. This is below the expected 6.7% federal standard. (p. 15)</p> <p>Out of home care placement: Olmsted County halved the proportion of children placed into out-of-home care.</p> | Longitudinal data analysis with no comparison group |
| Turnell (2012): The Netherlands | <p>Out of home care placement: Of the 303 new cases commenced within the four pilot teams, there was a reduction of more than 50 percent in ‘out placement’ of children: pilot teams: 19% vs 40% for the comparison group.</p> <p>The Dutch National Government provided funding for a two-year comparative research study to compare the outcomes of the Signs of Safety in Bureau Jeugdzorg Drenthe and Bureau Jeugdzorg Groningen. William Shrikker Groep (WSG) has almost 1000 staff and 4000 children in care and is the principal Netherlands agency providing statutory child protection services to families with developmentally delayed parents or children, or both.</p> | Comparison group study (N treatment: 303, control group: 400) ²² |
| Turnell (2012): The Netherlands | <p>Court involvement: In 2007 the investigative arm of Bureau Jeugdzorg Drenthe, the AMK, directed 18.5% of its cases to the court. By 2011 this percentage had reduced to 11.3%. (p. 21)</p> <p>Length of service: In the Netherlands, the average length of agency involvement in long-term statutory cases is 2.9 years and between 2006 and 2008, Bureau Jeugdzorg</p> | Longitudinal data analysis with no comparison group |

²² The comparison group in this study was a random selection of 400 newly opened cases across the agency across the Netherlands. Study leaders hoped to have the same number of cases served with Signs of Safety for the two year study but served 303. (Personal Communication, Andrew Turnell, September 9, 2020). Note that this study did not use propensity score matching or another statistical method to help ensure that the two groups are equivalent in terms of demographic and other characteristics. But that might be possible in the future.

| Author and Program Location | Findings | Research Methods (Sample Size) |
|--|---|--|
| | <p>Drenthe operated at that average. In the 3 years following 2008 average involvement reduced by 17.5% to 2.4 years. (p. 21)</p> <p>Out of home care placement: In the period Bureau Jeugdzorg Drenthe has been implementing (since 2006), the total number of long-term statutory child protection cases (the agency also works with voluntary cases) has increased from 426 to 702 while the percentage of children taken into care from these cases has reduced from 54% to 44%. (p. 21)</p> | |
| <p>Vink et al. (2017): Gronigen in Netherlands</p> | <p>Parent expectations of SofS: Treatment group parents (SofS) had significantly higher expectations of the workers trained in Signs of Safety, and they indicated that the purpose of SofS was constructive/positive. (p. 33)</p> <p>Parent perceptions of services: (as summarized in Sheehan et al., 2018, p. 33)</p> <ul style="list-style-type: none"> ▪ Feedback on the social worker: Treatment group parents rated the social worker support as more positive. ▪ Empowerment of parents: Not significant. ▪ Parent cooperation with the supervisor: Not significant. ▪ Parental involvement: Not significant ▪ Parent education: Not significant ▪ Parent level of insight into problems over time: Not significant ▪ Safety in the family and for the child as perceived by the parent or employee: Not significant | <p>Comparison group Study. (Treatment n=35; comparison group of usual care n=30)</p> |
| <p>Westbrook (2006): Carver County, MN</p> | <p>Parent perceptions of workers and services:</p> <ul style="list-style-type: none"> ▪ The majority of parents (7 out of 9) reported positive differences between the two kinds of assessments. ▪ With Signs of Safety there was a reported improvement in working relationship, workers were perceived as more caring, taking their time, explaining more, not judging, being more personable, being warmer, listening more, more patient, offering more options and being less intrusive. | <p>Longitudinal data analysis with no comparison group.²³ (9 parents)</p> |

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²³ Supervisors interviewed parents undergoing two separate child protection assessments looking at client-worker relationship and perceived difference between the two assessments.

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